

FIG. 1

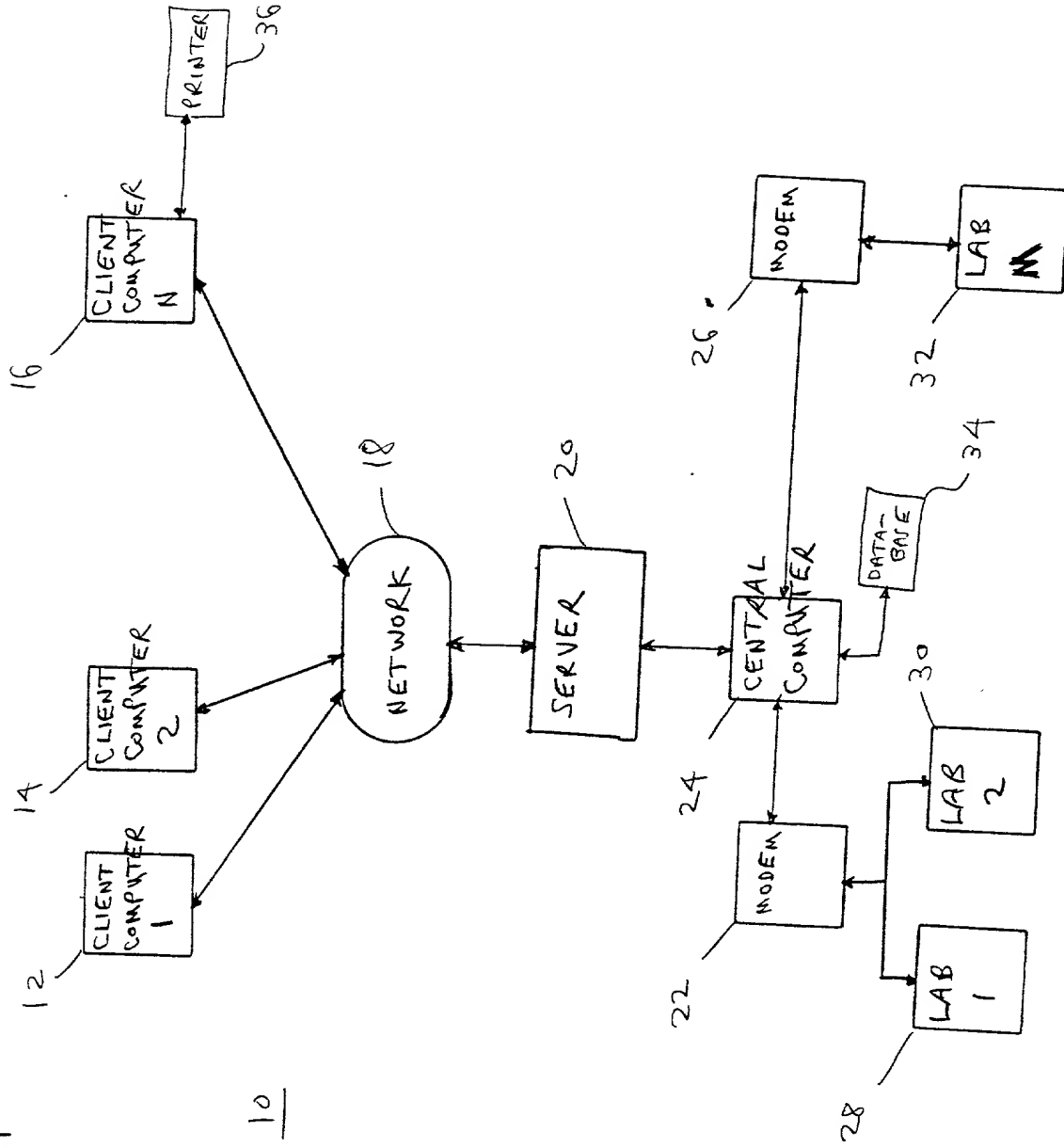


FIG. 3

40

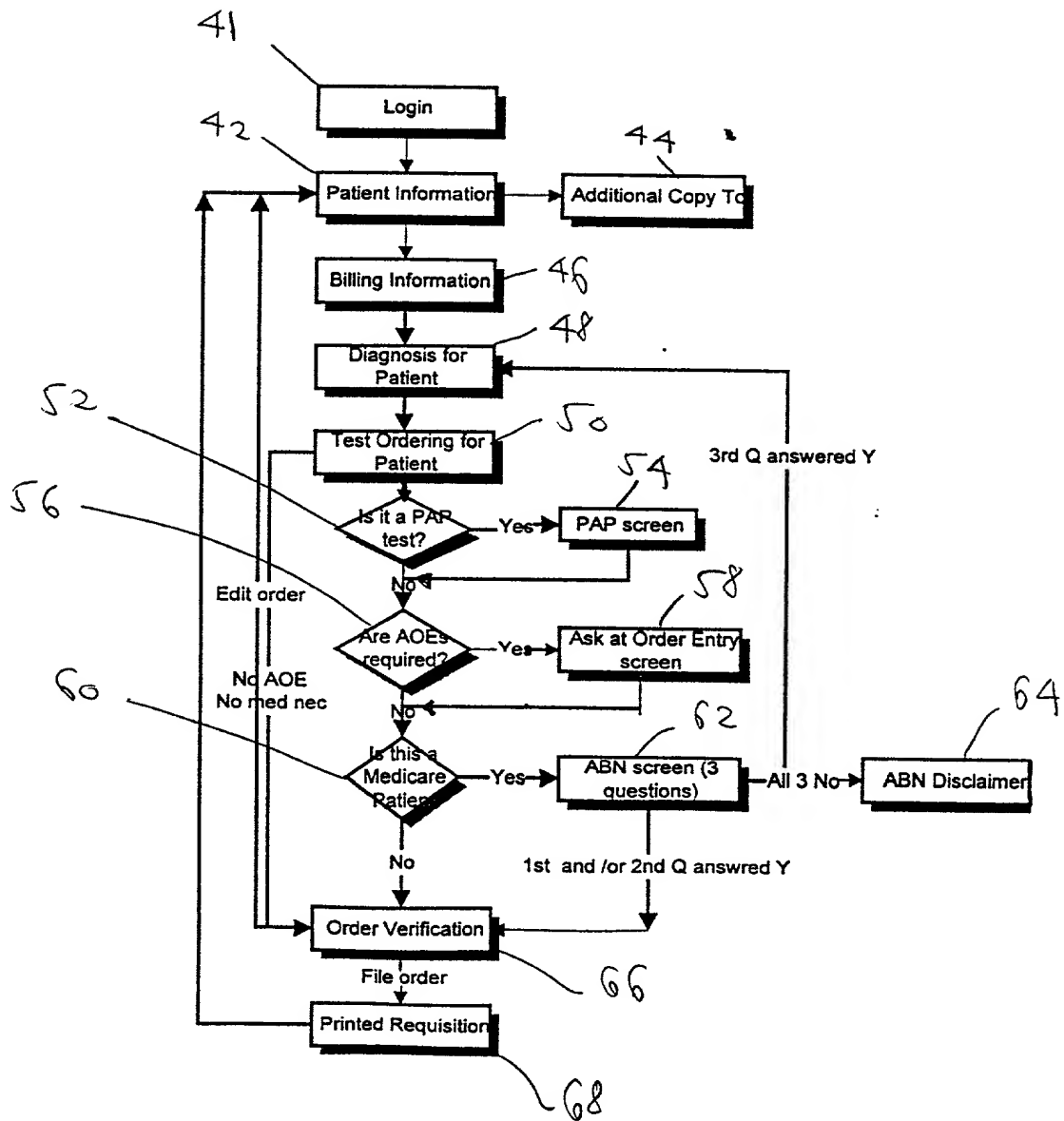
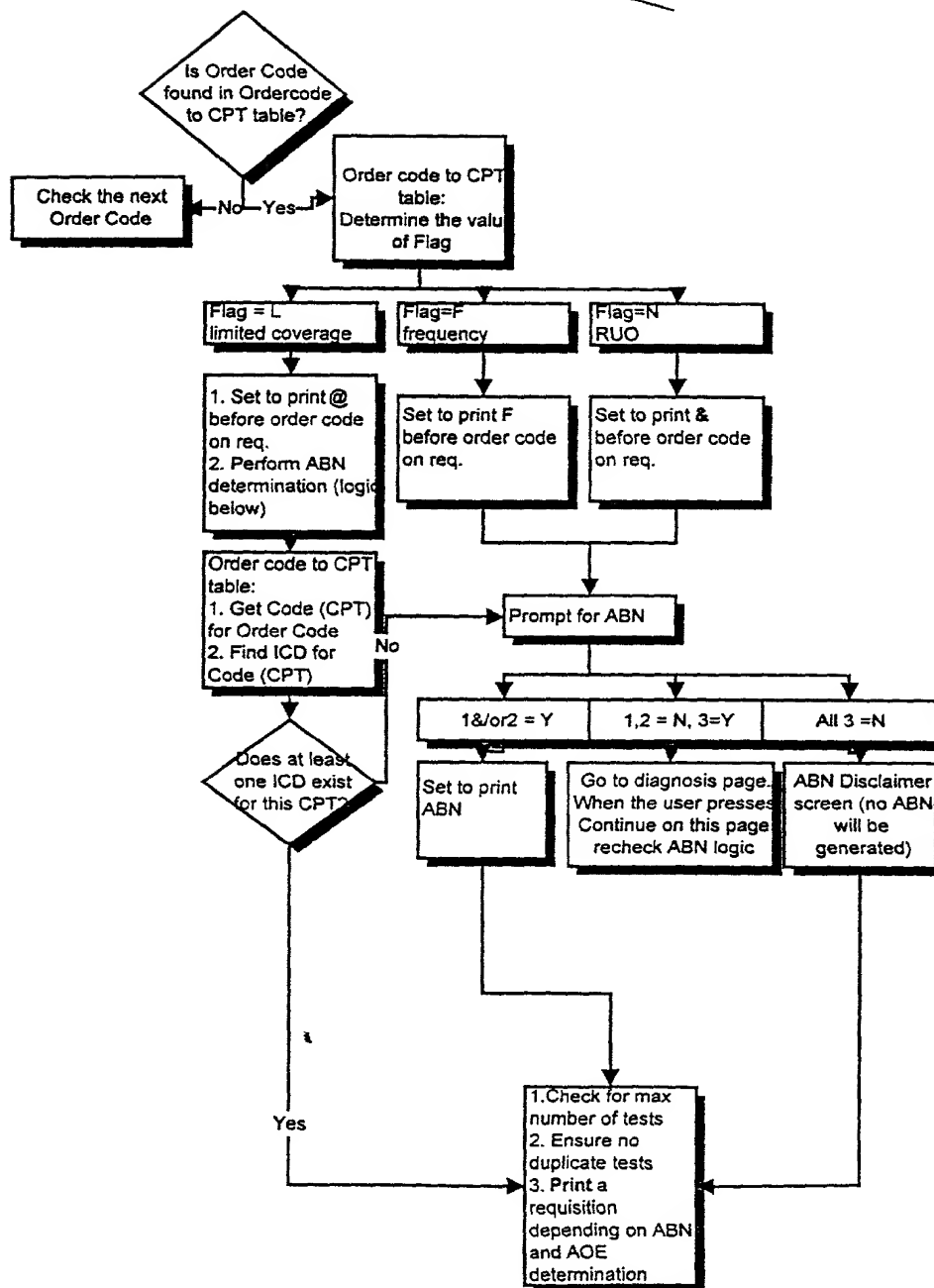


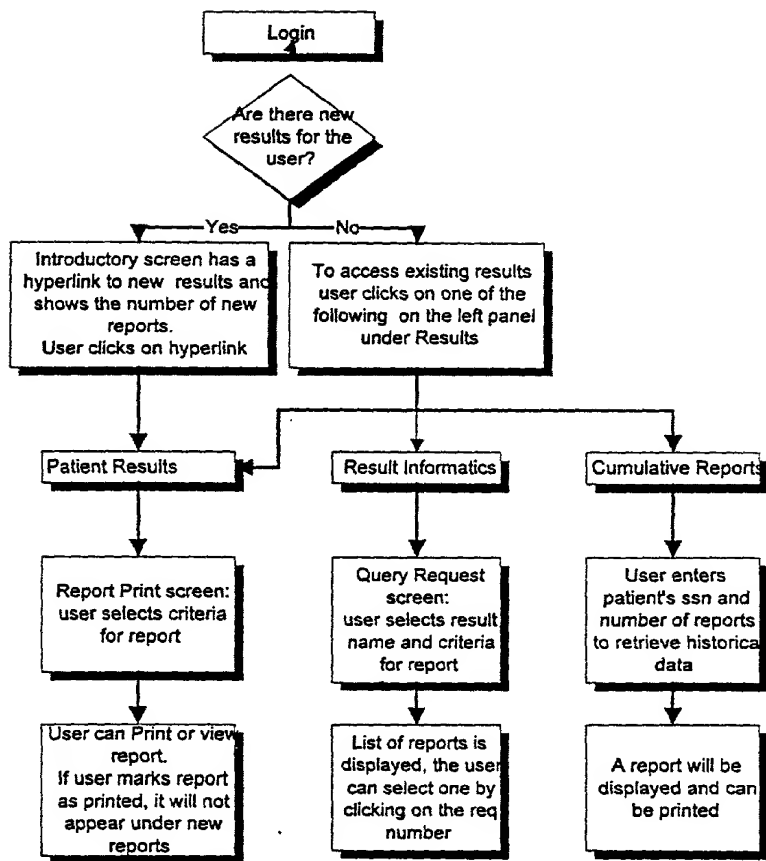
FIG. 4

70



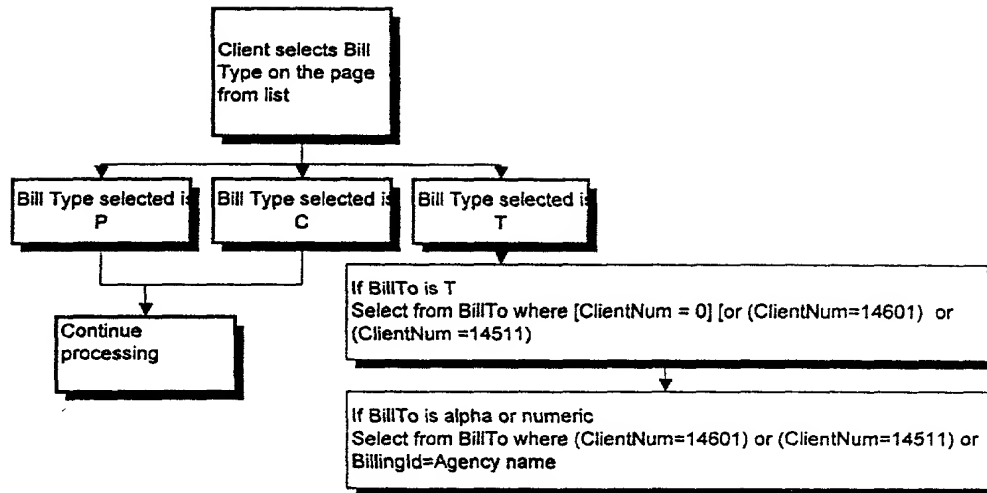
106040-6824B/60

FIG. 5



00784939 0000

FIG. 6



Online Clinical Information System

Member Login

User Name:

Password:



[View Security Information/Requirements](#)

FIG. 7A

FIG. 7B

New Order
Results
Inquiries
Requisition Log
Batch Manipulation
Help
Quit/Logout

Patient Information
Fields marked with an asterisk () are required*

Client UPIN

SSN

Additional Report Copies

Patient ID Other ID

First Name MI Last Name

Date of Birth Relationship

Sex Bill Type

Street Address City

State Zip

Phone Result Notification Fax Number Batch

Reporting Comments Internal Comments

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New Order
Results
Inquiries
Requisition Log
Batch Manipulation
Help
Quit/Logout

Billing Information for Patient: Testing, Olga Responsible Party Information

Bill To: Insurance - Relationship: Spouse

SSN: 201201201 Fields marked with an asterisk (*) are required

First Name * MI Last Name *

Olga Testing

Date of Birth (MM/DD/YYYY) * Sex *

09/11/1976 Female

Street Address * City *

any LODI

State * Zip * Phone *

Alabama 07644 2019999999

Insurance Carrier * OR Genenc Carrier

MEDICARE(MCR) Select One

Insurance ID * Group Number Referring Physician Provider ID *

123456789A Test Doc

<<Back Continue>>

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FIG. 7C



New Order
Results
Inquiries
Requisition Log
Batch Manipulation
Help
Quit/Logout

Diagnosis for Patient: Testing, Olga

max codes allowed 10

Diagnosis diagnosis code is required.

Clear Codes

<input type="checkbox"/> 101 - VINCENT'S ANGINA	<input type="checkbox"/> 1101 - DERMATOPHYTOSIS OF NAIL	<input type="checkbox"/> 3200 - HEMOPHILUS MENINGITIS
<input checked="" type="checkbox"/> 30781 - TENSION HEADACHE	<input type="checkbox"/> 7865 - CHEST PAIN	<input type="checkbox"/> 734 - FLAT FOOT
<input type="checkbox"/> V149 - HX DRUG ALLERGY NOS	<input type="checkbox"/> V150 - HX OF ALLERGY NEC	<input type="checkbox"/> V138 - FAMILY HX ALLERGIC DIS
<input type="checkbox"/> E9233 - ADVERSE (INSULIN) ANTION (AB	<input type="checkbox"/> 64234 - 48N GLUCOSE POSTPARTUM	<input type="checkbox"/> 2059 - ANEMIA NOS
<input type="checkbox"/> 123 - OTHER CESTOLE INFECTION	<input type="checkbox"/> V728 - LABORATORY EXAMINATION	

Edit ICD 9nd

--	--	--	--	--

Description:

Search by:

☐ Code

☒ Description

Search

Code	Description

<<Back Continue>>

FIG. 7D

New Order
Results
Inquiries
Requisition Log
Batch Manipulation
Help
Quit Logout

Test Ordering for Patient: Testing Order

Patient Name: [Blank] Date of Birth: [Blank] Sex: [Blank] Race: [Blank] Ethnicity: [Blank]

Order Date: 1/5/2001 Order Time: [Blank] Order Type: [Blank] Order Status: [Blank]

<input type="checkbox"/> 12010 C-TRACHEALITIS & N P-NEUTROPHILIC LEUKOCYTES	<input type="checkbox"/> 12010 C-TRACHEALITIS & N P-NEUTROPHILIC LEUKOCYTES	<input type="checkbox"/> 12010 C-TRACHEALITIS & N P-NEUTROPHILIC LEUKOCYTES
<input type="checkbox"/> 12010 C-TRACHEALITIS & N P-NEUTROPHILIC LEUKOCYTES	<input type="checkbox"/> 12010 C-TRACHEALITIS & N P-NEUTROPHILIC LEUKOCYTES	<input type="checkbox"/> 12010 C-TRACHEALITIS & N P-NEUTROPHILIC LEUKOCYTES
<input type="checkbox"/> 12010 C-TRACHEALITIS & N P-NEUTROPHILIC LEUKOCYTES	<input type="checkbox"/> 12010 C-TRACHEALITIS & N P-NEUTROPHILIC LEUKOCYTES	<input type="checkbox"/> 12010 C-TRACHEALITIS & N P-NEUTROPHILIC LEUKOCYTES
<input type="checkbox"/> 12010 C-TRACHEALITIS & N P-NEUTROPHILIC LEUKOCYTES	<input type="checkbox"/> 12010 C-TRACHEALITIS & N P-NEUTROPHILIC LEUKOCYTES	<input type="checkbox"/> 12010 C-TRACHEALITIS & N P-NEUTROPHILIC LEUKOCYTES

Order Code: [Blank] max code allowed 15 Order Code: [Blank]

Order Code: [Blank] max code allowed 15 Order Code: [Blank]

Order Code: [Blank] max code allowed 15 Order Code: [Blank]

Order Code: [Blank] max code allowed 15 Order Code: [Blank]

Order Code: [Blank] max code allowed 15 Order Code: [Blank]

Order Code: [Blank] max code allowed 15 Order Code: [Blank]

Order Code: [Blank] max code allowed 15 Order Code: [Blank]

Order Code: [Blank] max code allowed 15 Order Code: [Blank]

Order Code: [Blank] max code allowed 15 Order Code: [Blank]

Order Code: [Blank] max code allowed 15 Order Code: [Blank]

Order Code: [Blank] max code allowed 15 Order Code: [Blank]

Order Code: [Blank] max code allowed 15 Order Code: [Blank]

Order Code: [Blank] max code allowed 15 Order Code: [Blank]

Order Code: [Blank] max code allowed 15 Order Code: [Blank]

Order Code: [Blank] max code allowed 15 Order Code: [Blank]

Order Code: [Blank] max code allowed 15 Order Code: [Blank]

FIG 7E

Standing Orders for Patient:		Testing, Olga		
Standing Order Codes: max codes allowed 15		<input type="button" value="File Standing Orders"/>		
Reminder: Only order those tests which are medically necessary for the diagnosis and treatment of the patient				
Optional Expiration Date:		<input type="text"/>		
418	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Description:				
<input type="text"/>				
Search by:		<input type="radio"/> Code		<input type="button" value="Search"/>
<input type="text"/>		<input checked="" type="radio"/> Description		
Order Code	Description			
<input type="text"/>				
<input type="button" value="Close"/>				

FIG 7F

0034880 00901
106020 6884360

TOPIC: 684260

Directory of Services	
Order Code	418 <input type="button" value="Display"/>
Description	DIGOXIN
Search by	<input checked="" type="radio"/> Description <input type="radio"/> Code
Search String	<input type="text"/> <input type="button" value="Search"/>
Code	Description
<div></div>	
<input type="button" value="Quit"/>	

FIG. 7G

Directory of Services	
Code: 418	Description: DIGOXIN
Preferred Specimen : 1 ML SERUM - DO NOT COLLECT IN SERUM SEPARATOR TUBE. COLLECT AS TROUGH AT LEAST 8-8 HOURS AFTER DOSE.	
Specimen Container : PLASTIC SCREW CAP VIAL	
Specimen Volume: 0.5 ML	
Transport Temperature : AMBIENT	
Specimen Stability : AMBIENT: 5 DAYS REFRIGERATED: 10 DAYS	
Reject Hemolysis : NO	
Reject Lipemia: NO	
Reject Thaw/Other : SERUM SEPARATOR TUBE	
Methodology : IMMUNOASSAY	
CPT Code(s) : 80182	
(The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.)	
<input type="button" value="Back"/>	<input type="button" value="Add To Order"/>

FIG. 7H

[illegible]

Chart Defined Order Code Definition			
Client: 87502840 - TEST CLIENT (HQ)			
Order Preview			
<input type="checkbox"/> 7400 ZINC (U)	<input type="checkbox"/> 7200 ALLERGY EVALUATION (S) B. FCS NORTH CENTRAL	<input type="checkbox"/> 7240 * CREATININE CLEARANCE	
<input type="checkbox"/> 76100 C. TRACHOMATIS & N GONORRHOEA, ON+ FOR URINE	<input type="checkbox"/> 7260 THYROID ANTIBODY BODIES	<input type="checkbox"/> 21174 ANTINUCLEAR ANTIBODIES PANEL, SPECIFIC	
<input type="checkbox"/> 20830 ANTINUCLEAR ANTIBODIES PANEL, COMPREHENSIVE	<input type="checkbox"/> 1210 CHOLESTEROL, ANIMAL	<input type="checkbox"/> 2150 HEPATITIS E CORE (B TOTAL-IF-FLY)	
<input type="checkbox"/> 10124 C-REACTIV CRP	<input type="checkbox"/> 604 NICKEL CHOLESTEROL		
Code	Display Name		
418	418 DIGOXIN		
<input type="button" value="Insert"/>	<input type="button" value="Remove All"/>	<input type="button" value="Remove All"/>	<input type="button" value="Remove Selected"/>
<input type="button" value="Print"/>	<input type="button" value="Select"/>	<input type="button" value="Select"/>	
Code	Description		
<input type="button" value="Cancel"/>		<input type="button" value="Save"/>	

FIG. 7I

Order Code	Component	Question	Answer
7943	CREATININE CLEARANCE	HEIGHT FEET	<input type="text"/>
		HEIGHT INCHES	<input type="text"/>
		WEIGHT POUNDS	<input type="text"/>
		URINE VOLUME	<input type="text"/>
		COLLECTION TIME	<input type="text"/>
		<<Back	Continue>>

FIG. 7J

FIG. 7K

Please Note:
A signed Advance Beneficiary Notice (ABN) is required for this requisition and must accompany the sample.

ABN Queries	
1. Will the patient sign an ABN form?	<input type="radio"/> Yes <input type="radio"/> No
2. Is the patient here to sign an ABN?	<input type="radio"/> Yes <input type="radio"/> No
3. Are there any other medically appropriate diagnosis codes in the patient's chart for this date of service?	<input type="radio"/> Yes <input type="radio"/> No
Submit	

[ABN Rules Documentation](#)

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09784889 070971

FIG. 7L

အောက်ဖော်ပြပါအတိုင်း

Doc, Jane M
Client : 97502840
Req : 0030486

[illegible]

00784889-070904

Order Verification for Patient: Testing, Olga	
Client 97502840 - TEST CLIENT (HQ)	
UPIN D09876 - Test, Doc	
Patient Information:	
SSN 201201201	ID 123456789012345
Last Name Testing	
First Name Olga	MI
DOB 09/11/1976	Sex F
Address any	City LODI
State AL	Zip 07644
Phone 2019999999	
Billing Type Insurance	
Responsible Party:	
Relationship Spouse	SSN 201201201
Last Name Testing	
First Name Olga	MI
DOB 09/11/1976	Sex F
Address any	City LODI
State AL	Zip 07644
Phone 2019999999	
Group #	
Ins ID 123456789A	
Physician ID Test, Doc	
Insurance Carrier MCR - MEDICARE	
Tests Ordered:	
Code	Description
7943	# CREATININE CLEARANCE
418	DIGOXIN
Requisition Level Diagnoses:	

FIG. 7M

100020 6884860

3

Page 1 of 1

Quest Diagnostics Incorporated

e

975028400004270

Req #: 8896427 Client #: 97502840

TEST CLIENT (HQ)
THOMAS HORAK
 1201 S COLLEGEVILLE RD
 COLLEGEVILLE, PA 19386-2998

Patient Information

Testing: Olga
any
LODI, AL 07644

Collection Date: 01/05/2001 Urine Volume: Hours: Time: Fasting:	Pan ID S: 123456789012345 DOB: 09/11/1976 Order Priority: Normal	SN S: 201201201 Sex: F
Ref Physician: Ref Physician: S. Taw, Dec U.S.I.N. 009876	Responsible Party: Olga Testing any LODI, AL 07644 Carrier: MCR - MEDICARE Insurance S: 123456789A SN: 201201201 DOB: 09/11/1976	Bill Type: Insurance Phone: 2019999999 Group S: Relationship: Spouse Sex: F

ICD Diagnosis Code(s): 30781

Client: 97502840 Req: 0000427

Patient: Testing, Olga

PID: 123456789012345

Client: 97502840 Req: 0000427

Patient: Testing, Olga

PID: 123456789012345

ABN Message

Medicare will only pay for services that it determines to be reasonable and necessary under section 1862 (a)(1) of the Medicare Law. If Medicare determines that a particular service, although it would otherwise be covered, is not reasonable and necessary under the Medicare Program standards, Medicare will deny payment for that service. Tests ordered by your physician and identified on this request with the 'Q', 'S' or an 'F' symbol are likely to be denied for payment. These tests designated with the 'Q' symbol are likely to be denied for payment because Medicare usually does not pay for these tests for the reported diagnosis. These test designated with the 'S' symbol are likely to be denied because the test is performed using a kit that is non-FDA approved/experimental. The Occult Blood and PSA laboratory tests that are designated with an 'F' symbol are likely to be denied because Medicare usually does not pay for these tests. Medicare will only pay for services that it determines to be reasonable and necessary under section 1862 (a)(1) of the Medicare Law.

FIG. 7N

Report Print

Client: [67] TEST CLIENT (HQ) - 97502840

Reports: ☒ New ☐ Previously Printed ☐ New Reports Available: 67

Patient Name: _____

Requisition: _____

Date Range: Start Date (mm/dd/yyyy) 09/27/2000
End Date (mm/dd/yyyy) 01/05/2001

Result Types: ☐ Abnormal Only ☐ Normal Only ☒ All

Sort By: ☐ Patient Name ☐ Req ☐ Date

Report Status: ☐ Final Only ☐ Partial Only ☒ All

Collate: ☐ Descending ☒ Ascending

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FIG 8A

Selected Reports							Page 1 of 1	
Requisition	Accession	Patient Name	Date	Status	Abnormal			
0000193	TP003592T	GULLERY,VICKY T	11/10/2000	Final	Yes	<input type="button" value="Print"/>	<input type="button" value="View"/>	
0000195	TP003593T	GULLERY,VICKY T	11/10/2000	Partial	Yes	<input type="button" value="Print"/>	<input type="button" value="View"/>	
0000196	TP003594T	GARY,TOLENTINO M	11/10/2000	Final	No	<input type="button" value="Print"/>	<input type="button" value="View"/>	
0000197	TP003595T	DOMENICI,HENRY M	11/10/2000	Final	No	<input type="button" value="Print"/>	<input type="button" value="View"/>	
0002063	TP003603T	T,T	11/10/2000	Final	No	<input type="button" value="Print"/>	<input type="button" value="View"/>	
0002064	TP003624T	TEST,COPYTO	11/14/2000	Final	No	<input type="button" value="Print"/>	<input type="button" value="View"/>	
0002120	TP003687T	TEST,COPYTOS	11/27/2000	Final	Yes	<input type="button" value="Print"/>	<input type="button" value="View"/>	
0002141	TP003709T	TESTING,DAVE	11/28/2000	Final	No	<input type="button" value="Print"/>	<input type="button" value="View"/>	
							<input type="button" value="New Query"/>	<input type="button" value="Print 1-8"/>

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FIG. 8B

Requestion Number: 0000183 Client: 97502840
 Patient Name: GULLERY, MICKY L. Referring Physician: D11111
 Age: 7M Room Number:
 Birth Date: 03/18/2000 Patient Id: PID222
 Gender: F Collected: 11/07/2000 11:10AM
 Social Security Number: 564902765 Logged: 11/07/2000 02:55PM
 Accession Number: TP003592T Reported: 11/10/2000 04:50PM
 Urine Volume:
 Report Comments: THIS IS A REPORT COMMENT
 FASTING

Report Name	Results	Units	Reference Range	Stat
LIPID PANEL				
TRIGLYCERIDES	206 (M)	MG/DL	<200	IP
CHOLESTEROL TOTAL				
CHOLESTEROL TOTAL	150	MG/DL	NOT DEFINED	IP
HDL-CHOLESTEROL				
HDL-CHOLESTEROL	38	MG/DL	NOT DEFINED	IP
LDL-CHOLESTEROL				
LDL-CHOLESTEROL	90	MG/DL (CALC)	NOT DEFINED	IP
CHOL/HDL RATIO				
CHOL/HDL RATIO	45 (M)	(CALC)	44.46	AT
LYME DISEASE IGG ABS. WESTERN BLOT				
Igg	POSITIVE		NEGATIVE	IP
BANDS PRESENT				
BANDS PRESENT	10		NON-REACTIVE	IP
HEPATITIS B CORE AB TOTAL				
HEPATITIS B CORE AB TOTAL	NON-REACTIVE		NON-REACTIVE	IP
FERRITIN				
FERRITIN	45	NG/ML	12-113	IP
THYROID STIMULATING HORMONE				
THYROID STIMULATING HORMONE	2.4	MICRO IU/ML	0.4-5.5	IP
DISOPYRAMIDE				
DISOPYRAMIDE	0.5 (L)	MG/L	2.0-5.0	IP

POTENTIALLY TOXIC: > 5.0
 Back Print

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FIG. 8C

Query All Patients Request

Client: TEST CLIENT (HQ)
 Result Name: 395108 (5500400)
 Data Range: Start Date (mm/dd/yyyy): 09/04/2000
 End Date (mm/dd/yyyy): 12/13/2000
 Age: Greater than or Equal To:
 Less than or Equal To:
 All ☒
 Sex: Male ☐
 Female ☐
 Unknown ☐
 All ☒
 Value: Greater than or Equal To:
 Less than or Equal To:
 Abnormals Only ☐
 All ☒
 Sort By: Patient Name ☒
 Res ☐
 Value ☐
 Descending ☐
 Ascending ☒
 Quit Query Reset

FIG. 8D

106040-88248400

Query Results						Page 1 of 2
Report Number	Report Date	Client Name	Report Date	Age	Sex	Test Results
0001772	09/07/2000	DUGAN, CAROLE L	01/03/1957	43	F	140
0001879	09/10/2000	DUGAN, CAROLE L	01/03/1957	43	F	145
0001881	09/11/2000	DUGAN, CAROLE L	01/03/1957	43	F	TNP
0001959	09/18/2000	DUGAN, CAROLE L	01/03/1957	43	F	140
0001774	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	140
0001775	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	145
0001776	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	147 - H
0001778	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	134 - L
0001779	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	145
0001781	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	137
0001782	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	136
0001784	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	139
0001785	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	140
0001786	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	147 - H
0001787	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	136
0001788	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	150 - H
0001789	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	138
0001790	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	135
0001791	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	148 - H
0001792	09/07/2000	LABORDE, LESUE	08/04/1977	23	F	142

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FIG. 8E

FIG. 8F

Cumulative Reporting	
Client	TEST CLIENT (HQ)
SSN	
Number of Reports to go back	2
Out	Query

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Quest Diagnostics

ABCDEF GHIJKL MNOP QRSTUVWXYZ

Code Report Title

New Order
Results
Inquiries
Diagnosis Codes
Test Dictionary
Insurance
Companies
Eligibility
Verification
Requisition Log
Batch Manipulation
Help
Quit Logout

FIG. 9A

FIG. 9B

Selection

Insurance Company Select Insurance

Member Number

Member's Social Security

Member's Birth Date / /

Member's Last Name

Date of Service 01 / 05 / 2001

Out Copy Reset

Response

Status

Name

Gender

Member/Insured Id Number

Social Security Number

Responsible Party Address

Responsible Party Phone

Contract Number

Service Number

Group Number

Third Party Forms Code

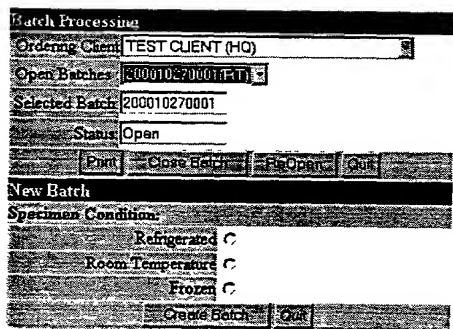
Relationship Code

Bill To

Requisition Log Report Request	
Client(s)	TEST CLIENT #155 NORD, JANICE MD FAMILY MEDICINE OF MIAMI, PA FRIEDMAN, ROBERT MD GALINSKY, MARCY MD
Order type	Quest Only <input checked="" type="radio"/> Non-Quest Only <input type="radio"/>
Date type	Order Date <input checked="" type="radio"/> Collection Date <input type="radio"/>
Date Range	Start (mm/dd/yyyy) 12/06/2000 End (mm/dd/yyyy) 01/05/2001
Sort By	Date <input checked="" type="radio"/> Patient Name <input type="radio"/>
<input checked="" type="radio"/> Out <input type="radio"/> Query	

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FIG. 11



Batch Processing

Ordering Client: TEST CLIENT (HQ)

Open Batches: 200010270001 (PAT)

Selected Batch: 200010270001

Status: Open

Print Close Batch Re-Open Quit

New Batch

Specimen Condition:

Refrigerated C

Room Temperature C

Frozen C

Create Batch Quit

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FIG. 12

Electronic Requisition System - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail Print Yahoo! Mail

Address http://156.30.30.12/scripts/mgwms32.dll

Search Quest Tools Sign in My Yahoo! News Entertainment Sports Shopping Finance Yahoo

Quest Diagnostics

New Order
Results
Inquiries
Requisition Log
Batch Manipulation
Help
Customer Feedback
Quit Logout

Test Ordering for Patient: Testing: Otga

Client: Select One LabCorp

Order Information

Date Collected	Time	Total Vol. (ml)	Duration (hrs)	Fasting
				<input type="checkbox"/>

Order Codes: max codes allowed 15. order code is required.

List Codes Reset Codes

Description:

Comments:

<<Back Continue>>

TS:18 Minutes before "time-out"

Local intranet

007244889-07004